



MEMBERS OF THE BOARD

Richard Fantozzi, M.D.

President

Vacant, Vice President

Vacant, Secretary

Steve Alexander

Cesar Aristeiguieta, M.D.

Hedy Chang

John Chin, M.D.

Shelton Duruisseau, Ph.D.

Gary Gitnick, M.D.

Reginald Low, M.D.

Mary Lynn Moran, M.D.

Gerrie Schipske, R.N.P., J.D.

Janet Salomonson, M.D.

Ronald H. Wender, M.D.

Barbara Yaroslavy

Frank V. Zerunyan, J.D.

QUARTERLY BOARD MEETING

November 1 - 2, 2007

Hilton San Diego Mission Valley
Carmel 3 Room
901 Camino Del Rio South
San Diego, CA 92108
(619) 543-9000

*Action may be taken
on any item listed
on the agenda.*

AGENDA

November 1, 2007 – 2:30 p.m. to 5:00 p.m.

November 2, 2007 – 10:00 a.m.
(or at the conclusion of the Division meetings)

Thursday, November 1, 2007 2:30 p.m.

1. Call to Order/Roll Call
2. Approval of Minutes from the July 26 – 27, 2007 Meeting
3. Discussion on Fiscal Audit Report – Ms. Johnston/Ms. Kirchmeyer
4. Legislation Update – Ms. Whitney
 - A. 2007 Legislation
 1. Implementation
 2. AB 253 – Board Restructuring
 3. SB 761 – Sunset Plans
 - B. 2008 Legislation and Proposals
5. Elections
 - A. Timing of Election
 - B. Fill Board Officer Position(s)

<p><i>The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.</i></p>

6. President's Report
 - A. Panel/Committee Appointments
 - B. Board Update
7. Executive Director's Report – Ms. Johnston
 - A. Budget Overview and Staffing Update
 - B. Proposed Meeting Dates for April or May 2008
 - C. Board Meeting Survey
8. Approval of Vertical Enforcement Report – Ms. Threadgill
9. California Physician Corps Program Update – Dr. Fantozzi/Ms. Yaroslavsky
10. Cultural and Linguistic Physician Competency Workgroup Meeting Update – Ms. Chang
11. Access to Care Committee Update – Mr. Alexander/Dr. Gitnick
12. Public Comment on Items Not on the Agenda

Friday, November 2, 2007 - Meeting continues at 10:00 a.m. or at the conclusion of the Division meetings.

13. Call to Order/Roll Call
14. Physician Humanitarian Award – Dr. Fantozzi
15. Strategic Planning – Ms. Kirchmeyer
16. Information Technology Application Demonstration – Angelo Whitfield
17. Wellness Committee Update – Dr. Duruisseau & Dr. Norcross
 - A. Presentation on Wellness – Dr. Moskowitz
18. Reports from the Divisions/Committees
 - A. Division of Licensing – Ms. Chang
Midwifery Committee – Ms. Chang
 - B. Division of Medical Quality – Dr. Aristeiguieta
Diversion Committee – Dr. Wender/Dr. Salomonson
 1. Approval of Transition Plan
19. Forums on Use of Lasers Update – Dr. Moran/Dr. Salomonson
20. Agenda Items for February 2008 Meeting
21. Public Comment on Items Not on the Agenda

22. Adjournment

NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Teresa Schaeffer at (916) 263-2389 or sending a written request to Ms. Schaeffer at the Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825. Requests for further information should be directed to the same address and telephone number.

Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Board, but the President may apportion available time among those who wish to speak.

For additional information call (916) 263-2389.

State of California
State and Consumer Services Agency

MEDICAL BOARD OF CALIFORNIA

November 1 - 2, 2007



BOARD AGENDA
and related material

Board Meeting, Thursday, November 1, 2007 at 2:30 p.m.
Friday, November 2, 2007 at 10:00 a.m.



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- B. Board Update

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Agenda Item 2

Embassy Suites
Tiburon/Sausalito Room
250 Gateway Boulevard
South San Francisco, CA 94080

July 26 - 27, 2007

MINUTES

Agenda Item 1 Call to Order/Roll Call

Dr. Fantozzi called the meeting to order on July 26, 2007 at 8:05 a.m. A quorum was present and notice had been sent to interested parties.

Members Present:

Richard Fantozzi, M.D., President
Steve Alexander
Hedy Chang
Steven Corday, M.D.
John Chin, M.D.
Dorene Dominguez
Shelton Duruisseau, Ph.D.
Gary Gitnick, M.D.
Laurie C. Gregg, M.D.
Reginald Low, M.D.
Mary Lynn Moran, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.
Ronald H. Wender, M.D.
Barbara Yaroslavsky
Frank V. Zerunyan

Members Absent:

Cesar Aristeiguieta, M.D.
Ronald L. Moy, M.D.
Mitchell S. Karlan, M.D.

Staff Present:

David T. Thornton, Executive Director
Kimberly Kirchmeyer, Deputy Director
Kathi Burns, Manager, Licensing Unit
Candis Cohen, Public Information Officer
Janie Cordray, Research Specialist

Kurt Heppler, Staff Counsel, DCA Legal Office
Valerie Moore, Associate Analyst, Enforcement Program
Kelly Nelson, Legislative Analyst
Richard Prouty, Manager, Discipline & Staff Services Unit
Gary Qualset, Chief of Licensing
Regina Rao, Business Services
Paulette Romero, Associate Analyst
Teresa Schaeffer, Executive Assistant
Kevin Schunke, Regulation Coordinator
Anita Scuri, Senior Staff Counsel, DCA Legal Office
Renee Threadgill, Chief of Enforcement
Frank Valine, Diversion Program Administrator
Linda K. Whitney, Chief of Legislation
Curt Worden, Manager, Licensing Section

Members of the Audience:

Sandra Bressler, California Medical Association
George Cate, Senate Business and Professions Committee
Zennie Coughlin, Kaiser Permanente
Julie D'Angelo Fellmeth, Center for Public Interest Law
James Hay, M.D., California Medical Association
Ed Howard, Center for Public Interest Law
Carrie Lopez, Department of Consumer Affairs
Brett Michelin, California Medical Association
Carlos Ramirez, Office of the Attorney General
Antonette Sorrick, Department of Consumer Affairs

Agenda Item 1 Approval of Minutes from April 26 - 27, 2007 Meeting

It was M/S/C (Yaroslavsky/Moran) to approve the minutes from the April 26 – 27, 2007 meeting.

In order to remain consistent with the record, the agenda items presented in these minutes are listed in the order discussed at the July 26 - 27, 2007 meeting.

Closed Session:

Agenda Item 3 Appointment of Executive Director

Pursuant to Government Code section 11126(a), the board went into closed session at 8:07 a.m. to appoint a new executive director.

Open Session:

The board reconvened in open session at 8:35 a.m.. Dr. Fantozzi announced the appointment of Barbara Johnston as the board's new executive director effective August 1, 2007.

Dr. Fantozzi acknowledged Carrie Lopez, Director of the Department of Consumer Affairs and George Cate, Senate Business and Professions Committee in attendance at the meeting today.

Agenda Item 5 Legislation

Linda Whitney, Chief of Legislation, provided an update on 2007 legislation sponsored by the board.

The board took the following positions on legislation:

AB 3 (Bass)	Physician Assistants - Support
AB 253 (Eng)	Restructuring of the Medical Board of California - Sponsor/Support
AB 329 (Nakanishi)	Chronic Diseases: Telemedicine - Sponsor/Support
AB 1025 (Bass)	Professions: Denial of Licensure - Oppose unless amended
AB 1073 (Nava)	Work. Comp.: CA Licensed Physicians on Utilization Review - Support
AB 1224 (Hernandez)	Telemedicine: Optometrists - Support
SB 102 (Migden)	Blood Transfusions: Brochure - Support
SB 472 (Corbett)	Prescription Drugs: Labeling Requirements and Panel - Support
SB 620 (Correa)	Anesthesia Permit for Physicians in Dental Offices - Support

AB 253 (Eng) - Ms. Whitney reported the Department and the Administration have taken a support if amended position on this bill. She directed the member's attention to a copy of a letter from the Department dated May 29, 2007 recommending the reduction in the size of the board from 21 members to **15 members consisting of 8 physician members and 7 public members**. The Executive Committee held a meeting on June 18, 2007 and voted to support the Department's recommendation to reduce the size of the board to 15 members. Ms. Whitney requested the board's concurrence with the Executive Committee recommendation.

Ms. Yaroslavsky stated for the record she did not support the motion made at the Executive Committee meeting without further analysis of the workload and impact on the board if the two divisions are integrated into one board.

Mr. Thornton responded and stated combining the two divisions will accomplish a more evenly distributed workload. The board will still have two disciplinary panels to review **all** the cases whether they are licensing cases or disciplinary cases. The work of the divisions would then be taken up by

standing committees for enforcement, licensing, diversion, and any other committees the board deems appropriate.

Following a discussion by the members, it was moved (Alexander/Chang) to support the Executive Committee position on the number and composition of the board. The motion carried by a vote of 12-3 with 1 abstention.

At this time Ms. Whitney introduced Jane Simon, Deputy Attorney General, to discuss concerns the Attorney General's office has regarding the proposed bill and the composition of the panels.

Ms. Simon presented an analysis of SB 253 prepared by Deputy Attorney General Beth Faber Jacobs and discussed the problems identified with the bill as currently written. It is the Attorney General's office concern if the panels are not composed of a majority of physician members making decisions, the board will lose the presumption of correctness based on the expertise with the proposed composition. Ms. Simon presented several different alternatives to the board.

After considering the arguments presented and hearing public comment it was moved to amend SB 253 as follows: ***the number of public members assigned to a disciplinary panel shall not exceed the number of physicians and surgeons assigned to that panel and at no time shall a panel consist of less than four members.*** The motion carried.

The next bill Ms. Whitney discussed was SB 761 – Diversion/Enforcement.

Dr. Fantozzi gave a brief history of the board's Diversion Program and discussed the prior audits of the program including the diversion audit ordered as part of SB 231 to be completed by July 1, 2007.

Dr. Gregg made a statement concerning the challenges and struggles associated with the Diversion Program. She stated if the program continues there must be a zero tolerance policy and disclosure of the program participants on the board's Web site.

Mr. Alexander made the following motions:

1. Move that, in light of Medical Board of California's primary mission of consumer protection, and as the regulatory agency charged with the licensing of physicians and surgeons and enforcement of the Medical Practice Act, the board hereby determines it is inconsistent with the board's public protection mission and policies to operate a diversion program within or as part of its consumer protection programs, and that the diversion program, as it's currently structured and operated, be sunset as soon as practicable, but not later than June 30, 2008.
2. Move that, effective immediately, the Medical Board of California develop a transition plan to continue the diversion program on an interim basis until the sunset date.
3. Move that, the president of the board convene a diversion program summit, seeking input from the Diversion Advisory Council, regulatory experts, profession organizations, healthcare and

patient consumer groups, public interest groups, and other appropriate stakeholders and experts to determine the most appropriate policy and mechanism for fulfilling the board's consumer protection mission while addressing the issue of the impaired licensee; the results of the summit to be reported to the board no later than June 2008 for action by the legislature as necessary based upon the findings and recommendations of the summit and the board.

4. Move that, at the summit, a recommendation to the Legislature be considered for the establishment of a new state agency or similar agency to provide diversion/monitoring programs for all California licensed professionals overseen by experienced professionals in alcohol and drug dependency rehabilitation.
5. Move that, the president of the board and chair of the diversion committee work with the author of the legislation on behalf of the board.

Public testimony was heard from the following regarding SB 761:

Jim Hay, representing the California Medical Association (CMA) urged the board to consider all options regarding the Diversion Program. The CMA will work with the board to assure transition and right course of action to improve the program.

Sandra Bressler, representing the CMA spoke in support of keeping the Diversion Program and urged the board to make the necessary improvements to the program.

David Pating, M.D., representing the California Society of Addiction Medicine challenged the assumptions by the board and asked the board to look at all the options regarding the Diversion Program.

Tina Minasian, patient and consumer advocate spoke in support of abolishing the Diversion Program.

Terri Farley, member of the public discussed her sister who was injured by a participant who was in the Diversion Program.

Janet Mitchell, patient and consumer advocate spoke in support of eliminating the Diversion Program and stated the board's primary mission is to protect the citizen's of California.

Linda Starr, patient, testified she suffered injuries sustained during a procedure performed by a participant who was in the Diversion Program. She spoke in support of abolishing the program.

Lee Snook, M.D., treating physician and member of the Diversion Advisory Committee advised the board he was concerned that if the board eliminated the diversion program it would only drive the physician with alcohol/drug problems underground.

Robert Reisfield, M.D, Kaiser Well-Being Committee stated the board should only choose to eliminate the Diversion Program if there are better systems available.

Julie D'Angelo Fellmeth, Administrative Director for the Center for Public Interest Law spoke in support of the motion to eliminate the Diversion Program.

Randall Hagar, California Psychiatric Association stated they support the comments made by CMA, Dr. Pating, and Dr. Snook.

Ed Howard, Senior Counsel, Center for Public Interest Law spoke about the motions before the board and what the board needs to consider when voting on these motions to fix the problem. He stated they first needed to recall the product and then convene a summit to figure out a way to put in place a product that is safe and sound for patients and physicians.

Don Fensterman, Project Manager for Maximus Diversion Program stated he had concerns regarding abolishing the Diversion Program and not having a mechanism in place to monitor physicians once they come out of an in-patient treatment facility.

Following a lengthy discussion by the members and the public regarding the Diversion Program, Mr. Alexander repeated the motion.

The board voted unanimously to approve all five motions made by Mr. Alexander.

Mr. Zerunyan proposed a motion to ask the author of the bill to include a provision to give the board the authority to suspend the license of all participants in the program.

It was moved to table Mr. Zerunyan's motion.

Ms. Whitney and Ms. Threadgill, Chief of Enforcement, provided information on the second part of SB 761 regarding Vertical Enforcement Model. This bill would extend the pilot program.

Ms. Whitney directed the member's attention to their board packet for a copy of the Report to the Legislature on Vertical Enforcement. Ms. Whitney explained the Executive Committee took no position in amending the bill at its June 18, 2007 meeting pending review of the final report by the full board in July.

There was discussion by the members regarding the recommendations in the report to the legislature.

Mr. Alexander moved the board recommend the following option:

1. Transfer the Medical Board investigators to the Department of Justice, however, given that more time is needed to fully analyze this option, recommend option #3 to continue the pilot for another two years to allow the collection of additional data, clean-up language and rename the program

Vertical Enforcement. Further, the report to the Legislature is amended to reflect the board's legislative position.

George Cate, Senate Business and Professions Committee provided his concerns regarding the direction of the board and the provision currently set forth in the bill regarding reclassifying the investigator positions. He explained the legislative session is over at the end of August. He stated it was the author's understanding the board's direction was to improve the situation for the Medical Board's investigators so they will stay with the board.

In light of the testimony presented, Mr. Alexander withdrew his motion.

It was M/S/C to support the July 18 version of SB 761 with the following amendments: to modify the language related to supervision/direction of investigators by deputy attorneys general, integrate the case tracking systems of the medical board and attorney general's office with ProLaw and to co-locate offices wherever feasible. In addition, medical board investigative staff be paid equivalent to special agents in the Department of Justice.

The motion was approved by unanimous vote.

Mr. Alexander moved that a task force be appointed to complete this report and deliver it timely to the Legislature recognizing the board is already behind the June 30, 2007 due date.

Agenda Item 7 Executive Director's Report

A. Budget Overview and Staffing Update

Mr. Thornton reported current board expenditures and revenue appear to be consistent with projections. The final analysis of the board budget will be completed by the November 2007 meeting.

B. Meeting Survey and Rating Sheet

Members were asked to complete the form and provide any comments on any changes they would like to see made to the meeting format or topics.

C. Proposed Meeting Dates for 2008

Mr. Thornton presented the proposed 2008 Board meeting dates and locations to the board for approval.

It was M/S/C to approve the 2008 meeting dates.

D. Federation of State Medical Board's (FSMB) Request to Distribute Pain Management Book to all Licensees

Mr. Thornton explained the Federation of State Medical Boards asked for the board's support of a book entitled Responsible Opioid Prescribing, by Scott M. Fishman, M.D. and is requesting the board's approval to distribute this book to all current in-state licensees and new licensees.

It was M/S/C to approve distribution of the pain management book as proposed and staff was directed to work with the FSMB on the funding to cover the cost of distribution.

E. Status Report – Board notifications of Revocations, Suspensions and Meetings

Mr. Thornton reported the board's on-line subscriber list for notifications sent via email has been very effective in getting information out to the public in a timely manner.

Agenda Item 7 Health Manpower Pilot Project

Dr. Gregg reported the proposed pilot project to allow nurse practitioners, certified nurse midwives and physician assistants to perform early pregnancy termination and management of early pregnancy failures has been approved. She encouraged the board to continue to follow this project with respect to consumer safety.

Agenda Item 14 Workgroup on Cultural and Linguistic Continuing Medical Education

Ms. Chang reported she attended a Continuing Medical Education (CME) provider workshop in April which was very informative. She met with CMA and IMQ on May 4, 2007, and attended another provider workshop on May 11.

Agenda Item 8 California Physician Corps Program Update

Ms. Yaroslavsky reported the Health Professions Education Foundation (HPEF) quarterly meeting will be held on July 30, and 31, 2007 at the LAX Marriott Hotel. A new executive director has been appointed to the HPEF. Ms. Yaroslavsky also reported the HPEF was successful in obtaining \$1,000,000 for the Allied Healthcare Loan Repayment. She thanked the members for their continued support of this worthy program while they continue to move forward.

Agenda Item 9 Public Comment on Items not on the Agenda

Tina Minassian, patient and victim of an alcoholic physician who was allowed to practice medicine

while he was a participant in the Diversion Program stated she was in support of abolishing the program and offered additional recommendations for the board's consideration:

1. Require all physicians to tell patients about the existence of the board and its enforcement role.
2. Sponsor legislation to require civil attorneys to inform malpractice victims how to file a complaint with the board.
3. Sponsor legislation repealing or lengthening the statute of limitations.
4. Post every malpractice settlement on the board's web site.
5. Post every criminal conviction on the board's web site.
6. Sponsor legislation creating a "Snitch Law".

Tara Kittle, healthcare consumer spoke in support of improving the safety of the healthcare consumer by providing physicians with the tools they need to perform their job.

John P. Toth, M.D., representing the California Citizens for Health Freedom, read a letter from Frank Cuny to the board regarding the development of a manual for investigators on alternative medicine and the use of an alternative medicine consultant during the review of these cases.

Janet Mitchell, patient and healthcare consumer advocate asked the board to move forward in pursuing cases involving fraud and concealment.

Agenda Item 10 Strategic Plan

This item was deferred to the November 2007 meeting.

The meeting adjourned at 4:00 p.m.

Friday, November 2, 2007

Agenda Item 11 Call to Order/Roll Call

Dr. Fantozzi called the meeting to order on November 2, 2007 at 10:10 a.m. A quorum was present and notice had been sent to interested parties.

Members Present:

Richard Fantozzi, M.D., President
Steve Alexander
Hedy Chang
John Chin, M.D.

Steven Corday, M.D.
Dorene Dominguez
Shelton Duruisseau, Ph.D.
Richard D. Fantozzi, M.D.
Gary Gitnick, M.D.
Laurie C. Gregg, M.D.
Reginald Low, M.D.
Mary Lynn Moran, M.D.
Janet Salomonson, M.D.
Gerrie Schipske, R.N.P., J.D.
Ronald H. Wender, M.D.
Barbara Yaroslavsky
Frank V. Zerunyan, J.D.

Members Absent:

Cesar Aristeiguieta, M.D.
Mitchell S. Karlan, M.D.
Ronald L. Moy, M.D.

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Agenda Item 6 President's Report

A. Communication from Interested Parties

Dr. Fantozzi disclosed the following meetings:

- Steve Miller, President of the American Board of Medical Specialties on issues related to licensing.
- Department of Justice regarding legislation.
- William Norcross, M.D., UCSD Medical School regarding issues related to Wellness Programs.

Agenda Item 12 Physician Humanitarian Award

Dr. Fantozzi introduced and presented the Physician Humanitarian Award to Clyde Ikeda, M.D.. Dr. Ikeda is a plastic and reconstructive surgeon from San Francisco. He is a team leader of "Hospital de la Familia," a group of volunteer doctors and nurses, 109 of whom are California physicians. He serves as its medical director and since 1976 provides services four times a year to a hospital in Guatemala. Dr. Ikeda performs reconstructive plastic surgery on many patients, especially children.

Agenda Item 13 Reports from the Divisions/Committees

A. Division of Licensing

Dr. Gregg reported the following:

- Ms. Schipske was appointed to the Application Review Committee and Ms. Chang and Dr. Gitnick were appointed to the Special Programs Committee.
- The Division of Licensing (DOL) approved a motion to support a legislative proposal for issuing a limited license to applicants with disabilities that would otherwise qualify for licensure.
- The Midwifery Committee met and the Midwifery Advisory Council (MAC) was directed to assist Licensing staff in identifying or developing a program for the retraining/re-entry for midwives and to consider using information gathered from reviewing disciplinary cases against midwives to develop measures to prevent future violations.
- The DOL approved the Midwife Annual Report Coding System, in concept, and authorized the MAC to approve the final coding system at its September meeting.
- The DOL approved a motion to grant recognition to Jagiellonian University's English Program without requiring a site visit and to make that recognition retroactive to the inception of the program in 1994.

It was M/S/C to approve the legislative proposal to issue a limited license to applicants with disabilities.

B. Division of Medical Quality

Ms. Yaroslavsky reported the following:

- The Division of Medical Quality (DMQ) approved a motion to increase the expert reviewer's compensation by \$50 and staff was directed to provide a report at the next meeting showing the recruitment and retention of medical experts.
- The DMQ approved a motion to set a hearing to amend and establish oral argument regulations.
- The DMQ approved the re-appointment of a DEC member.
- Panel A held two oral argument hearings and discussed two proposed decision, two stipulations, and one judicial review.
- Panel B discussed four proposed decision, four stipulations and one judicial review

Dr. Gregg reported the following:

- The Diversion Committee approved the Diversion Policy and Procedure Manual.
- The Diversion Committee incorporated language on a competency exam into the participants agreement.
- The Diversion Committee made additions to the Quarterly Quality Review Reports to be utilized for future meetings.
- The Diversion Committee directed the Diversion Advisory Council to work on a transition plan.

Agenda Item 14 Cultural and Linguistic Physician Competency Workgroup

Update on AB 1195 – Presentation by Institute for Medical Quality (IMQ)

Ms. Chang introduced Dr. K.M. Tan, Chief of Radiology at San Rafael Medical Center, Kaiser Permanente, who provided a brief overview on the Institute of Medical Quality (IMQ). The IMQ was awarded a grant funded by the California Endowment to provide technical assistance and other resources to providers of CME, to integrate Cultural and Linguistic Competency into their courses. The IMQ also participates in an annual conference and workshop to educate people about the issues raised by AB 1195. The presentation also included a demonstration of their Internet Web site.

B. Update on AB 801

Mr. Qualset gave an update on the status of the workgroup convened pursuant to AB 801. He reported they have meetings convening regularly focusing on AB 1195 and incorporating CLC into the CME courses. They are moving forward with the implementation of AB 801 and continue to identify the interested parties to be involved throughout the state. The next meeting is scheduled for September 25, 2007.

Agenda Item 15 Wellness Update

Dr. Duruisseau presented an issue paper on physician wellness which outlined the purpose, background, conclusion and recommendations to address physician burnout for the board's review and consideration. The focus of the review centered on the benefits that might be derived from the implementation of the program to assist with licensees' well-being. Since the mission of the board is to protect healthcare consumers, it must be recognized that this best can be achieved by having healthy physicians care for their patients. Dr. Duruisseau recommended the board establish a Wellness Committee, comprised of 3 board members and 3-5 public members representing strategic partners to further consider the Board's role in addressing programs to improve in licensees' well being.

Dr. William Norcross, M.D., UCSD School of Medicine provided his comments regarding the meaning of their role and physician well-being. He stated he was glad to see the culture was changing and is looking forward to working together with the board to help change the culture even further. He provided suggestions in which the board could be involved in encouraging well being using staff resources, Newsletter articles and outreach to healthcare facilities in California.

Dr. Fantozzi made a motion to establish a Wellness Committee to promote physician wellness and move forward with the process. The motion carried.

Public testimony was heard from Jim Hay, M.D., representing the CMA who spoke in support of promoting physician wellness.

Tara Kittle, patient, also provided testimony in support of promoting physician wellness.

Agenda Item 16 Access to Care

Dr. Gitnick reported the following:

Rebecca Hafner-Fogarty, M.D. Medical Director, provided a presentation on emergence of the Minute Clinic. The clinics, about 150 nationwide, provide convenient but limited service at a low cost. They treat common ailments only – such as strep throat, ear infections and allergies and offer an alternative to packed doctors' offices and pricey emergency rooms. A Minute Clinic will be opening in Los Angeles County within the next six weeks.

- The committee adopted a motion to use the mission statement drafted by staff.
- Dr. Fantozzi provided an update on developing and expanding chronic care models for Diabetes Prevention and Management Initiative Workgroups to enhance the access to care of the underserved citizens of California. He also described the efforts going forward with telemedicine throughout the state and current importance of our volunteer physician program.
- Dr. Gitnick regrettably reported the Steven Thompson Loan Repayment Program is not funded and will end unless some source of funding is found.

At this point, Dr. Fantozzi took the opportunity to officially welcome and swear-in the new board member, Gerrie Schipske.

Agenda Item 17 Agenda Items for the November 2007 Meeting

No agenda items were offered by members.

Dr. Gregg announced she withdrew her application for reappointment and announced her resignation. She thanked the members and staff for their dedication and support to the mission of the board; it is the ultimate definition of a working board.

Dr. Fantozzi announced the following committee changes:

- Ms. Chang was appointed to the Executive Committee
- Ms. Schipske was appointed to the Application Review, Access to Care and Public Education Committee.
- Dr. Solomonson and Dr. Wender will co-chair the Diversion Committee.
- Dr. Moran was appointed to the Midwifery and Public Education Committees.
- Dr. Low and Dr. Moran were appointed to the Medical Errors Task Force.
- Dr. Duruisseau, Dr. Chin, Dr. Corday, Dr. Gregg, and Dr. Norcross and a representative from Loma Linda to be assigned to the Wellness Committee.

Dr. Fantozzi announced this was Mr. Thornton's last meeting. Mr. Thornton was thanked by the board members and various members of the audience for his years of service.

Mr. Alexander stated for the record that he apologized to Jim Hay, M.D., for his comments made regarding the Diversion program discussion which were not intended to be offensive.

Agenda Item 18 Public Comment on Items Not on the Agenda

There was no further public comment heard.

Agenda Item 18 Adjournment

There being no further business the meeting adjourned at 12:00 noon.

Richard Fantozzi, M.D, President

Vacant, Vice President

Barb Johnston, Executive Director

**REFER TO YOUR
LEGISLATIVE PACKET FOR
DISCUSSION OF
2007 LEGISLATION
AND
2008 LEGISLATION**

Sent under separate cover.

***Standing Committees, Task Forces & Councils
of the Medical Board of California***

<i>Committee</i>	<i>Members</i>	<i>Staff Assigned</i>	<i>Minutes</i>
Executive Committee	Richard Fantozi, M.D., Chair Steve Alexander Cesar Aristeiguieta, M.D. Gary Gitnick, M.D.	Hedy Chang Barbara Yaroslavsky	Barbara Johnston Linda Whitney Chris Valine
Access to Care Committee	Steve Alexander, Co-Chair Gary Gitnick, M.D., Co-Chair Hedy Chang Shelton Duruisseau, Ph.D.	Gerrie Schipske, RN, JD Barbara Yaroslavsky Frank V. Zerunyan, JD	Kevin Schunke
Diversion Committee	Janet Salomonson, M.D., Co-Chair Ronald H. Wender, M.D., Co-Chair Cesar Aristeiguieta, M.D. Shelton Duruisseau, Ph.D.	Frank Valine	
International Medical Education Committee	Janet Salomonson, M.D., Chair Cesar Aristeiguieta, M.D. Gary Gitnick, M.D. Mary Lynn Moran, M.D.	Gerrie Schipske, RN, JD Frank V. Zerunyan, JD	Gary Qualset
Midwifery Committee	Hedy Chang, Chair Mary Lynn Moran, M.D. Barbara Yaroslavsky	Kathi Burns	
Physician Recognition Committee	Mary Lynn Moran, M.D., Chair Frank V. Zerunyan, JD	Candis Cohen	
Public Education Committee	Steve Alexander, Chair Hedy Chang Mary Lynn Moran, M.D. Gerrie Schipske, RN, JD	Janet Salomonson, M.D. Barbara Yaroslavsky	Candis Cohen Candis Cohen
Strategic Planning Committee	Gary Gitnick, M.D. Frank V. Zerunyan, J.D.	Kim Kirchmeyer	
Special Faculty Permit Review Committee	Gary Gitnick, M.D., Chair Hedy Chang Neal Cohen, M.D. Daniel Giang, M.D. James Nuovo, M.D.	Lawrence Opas, M.D. Neil Parker, M.D. Andrew Ries, M.D. Lawrence Shuer, M.D. Jeremiah Tilles, M.D.	Gary Qualset
Cultural & Linguistic Competency Work Group	Hedy Chang Dorene Dominguez Shelton Duruisseau, Ph.D.	Gary Qualset Kathi Burns	
Medical Errors Task Force	Cesar Aristeiguieta, M.D., Chair Reginald Low, M.D. Mary Lynn Moran, M.D. Barbara Yaroslavsky	Janie Cordray	
Oral Argument Task Force	Cesar Aristeiguieta, M.D. Frank V. Zerunyan, JD	Kim Kirchmeyer	
Wellness Committee	Shelton Duruisseau, Ph.D., Chair John Chin, M.D. Ronald H. Wender, M.D. William Norcross, M.D.	Loma Linda Representative Laurie C. Gregg, M.D. Well-being Comm. Rep.	Kevin Schunke

***Standing Committees, Task Forces & Councils
of the Medical Board of California Cont'd.***

Diversion Advisory Council	Shannon Chavez, M.D. Marvin Firestone, M.D., J.D. Janet Salomonson, M.D.	Bruce Kaldor, M.D. David Pating, M.D. Stephanie Shaner, M.D. Lee Snook, M.D.	Frank Valine	
Midwifery Advisory Council	Faith Gibson, L.M., Chair. Ruth Haskins, M.D. Karen Ehrlich, L.M.	Carrie Sparrevohn, L.M. Guillermo Valenzuela, M.D. Barbara Yaroslavsky	Kathi Burns	

Revised 10/07

MEDICAL BOARD OF CALIFORNIA BUDGET OVERVIEW BY BOARD COMPONENT

	EXEC	ENFORCE	LICENSING	ADMIN SERVICES	DIVERSION	INFO SYSTEMS	PROBATION MONITORING	BOARD TOTAL
FY 04/05								
\$ Budgeted	1,504,000	28,428,000	3,482,000	1,750,000	1,194,000	2,548,000	2,117,000	41,023,000
\$ Spent*	1,419,000	27,264,000	3,151,000	1,774,000	1,054,000	2,298,000	1,340,000	38,300,000 *
Positions Authorized	8.0	137.6	37.2	20.0	12.0	15.0	23.0	252.8
FY 05/06								
\$ Budgeted	1,531,000	29,371,000	3,567,000	1,814,000	1,189,000	2,711,000	2,399,000	42,582,000
\$ Spent *	1,412,000	26,380,000	3,170,000	1,756,000	1,148,000	2,438,000	1,406,000	37,710,000 *
Positions Authorized	8.0	137.6	37.2	20.0	12.0	15.0	23.0	252.8
FY 06/07								
\$ Budgeted	1,534,000	34,693,000	3,949,000	3,089,000	1,747,000	2,857,000	2,591,000	50,460,000
\$ Spent *	1,555,000	30,572,000	3,517,000	2,756,000	1,683,000	2,393,000	1,495,000	43,971,000 *
Positions Authorized	8.8	141.6	40.5	19.4	14.0	16.0	25.0	265.3
FY 07/08								
\$ Budgeted	1,825,000	34,598,000	4,209,000	2,907,000	1,389,000	3,056,000	2,730,000	50,714,000
\$ Spent thru 8/31*	221,000	5,837,000	700,000	368,000	246,000	814,000	338,000	8,524,000 *
Positions Authorized	8.0	141.6	40.5	19.0	14.0	16.8	25.0	264.9

* net expenditures (includes unscheduled reimbursements)

0758 - Medical Board Analysis of Fund Condition

(Dollars in Thousands)

#1: Planned Budget

	ACTUAL 2006-07	2007-08	2008-09	2009-10	2010-11
BEGINNING BALANCE	\$ 12,199	\$ 18,467	\$ 17,972	\$ 16,497	\$ 10,726
Prior Year Adjustment	\$ 576	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 12,775	\$ 18,467	\$ 17,972	\$ 16,497	\$ 10,726
REVENUES AND TRANSFERS					
Revenues:					
125800 Other regulatory fees	\$ 348	\$ 354	\$ 366	\$ 366	\$ 366
125700 Other regulatory licenses and permits	\$ 5,703	\$ 5,693	\$ 5,707	\$ 5,707	\$ 5,707
125800 Renewal fees	\$ 42,415	\$ 42,834	\$ 43,233	\$ 43,639	\$ 44,038
Reduced fees per elim of Diversion Program			\$ (1,400)	\$ (1,400)	\$ (1,400)
125900 Delinquent fees	\$ 94	\$ 92	\$ 100	\$ 100	\$ 100
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25
150300 Income from surplus money investments	\$ 1,088	\$ 352	\$ 323	\$ 210	\$ 100
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 11	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 4	\$ 6	\$ 6	\$ 6	\$ 6
164300 Penalty assessments - Probation Monitoring		\$ 900	\$ 900	\$ 900	\$ 900
Totals, Revenues	\$ 49,688	\$ 50,256	\$ 49,260	\$ 49,553	\$ 49,842
Totals, Revenues and Transfers					
Totals, Revenues and Transfers	\$ 49,688	\$ 50,256	\$ 49,260	\$ 49,553	\$ 49,842
Total Resources	\$ 62,463	\$ 68,723	\$ 67,233	\$ 66,050	\$ 60,568
EXPENDITURES					
0840 State Controller (State Operations)	\$ 25	\$ 37	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 43,971	\$ 50,714	\$ 52,136	\$ 53,179	\$ 54,242
Elimination of Diversion Program			\$ (1,400)	\$ (1,400)	\$ (1,400)
Proposed BCP: Operation Safe Medicine				\$ 1,924	\$ 1,620
Proposed BCP: Probation Program Expansion				\$ 621	\$ 514
Proposed BCP: Replace IT Infrastructure				\$ 1,000	\$ 500
Total Expenditures and Expenditure Adjustments	\$ 43,996	\$ 50,751	\$ 50,736	\$ 55,324	\$ 55,476
FUND BALANCE					
Reserve for economic uncertainties	\$ 18,467	\$ 17,972	\$ 16,497	\$ 10,726	\$ 5,092
Months in Reserve	4.4	4.3	3.6	2.3	1.1

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED.
B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2008-09.

10/16/2007

0758 - Medical Board Analysis of Fund Condition

(Dollars in Thousands)

#2: Current Budget

	ACTUAL 2006-07	2007-08	2008-09	2009-10	2010-11
BEGINNING BALANCE	\$ 12,199	\$ 18,467	\$ 17,972	\$ 16,497	\$ 14,342
Prior Year Adjustment	\$ 576	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 12,775	\$ 18,467	\$ 17,972	\$ 16,497	\$ 14,342
REVENUES AND TRANSFERS					
Revenues:					
125800 Other regulatory fees	\$ 348	\$ 354	\$ 366	\$ 366	\$ 366
125700 Other regulatory licenses and permits	\$ 5,703	\$ 5,693	\$ 5,707	\$ 5,707	\$ 5,707
125800 Renewal fees	\$ 42,415	\$ 42,834	\$ 43,233	\$ 43,639	\$ 44,038
Reduced fees per elim of Diversion Program			\$ (1,400)	\$ (1,400)	\$ (1,400)
125900 Delinquent fees	\$ 94	\$ 92	\$ 100	\$ 100	\$ 100
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25
150300 Income from surplus money investments	\$ 1,088	\$ 352	\$ 323	\$ 281	\$ 225
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 11	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 4	\$ 6	\$ 6	\$ 6	\$ 6
164300 Penalty assessments - Probation Monitoring		\$ 900	\$ 900	\$ 900	\$ 900
Totals, Revenues	\$ 49,688	\$ 50,256	\$ 49,260	\$ 49,624	\$ 49,967
Totals, Revenues and Transfers					
	\$ 49,688	\$ 50,256	\$ 49,260	\$ 49,624	\$ 49,967
Total Resources	\$ 62,463	\$ 68,723	\$ 67,233	\$ 66,121	\$ 64,309
EXPENDITURES					
0840 State Controller (State Operations)	\$ 25	\$ 37	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 43,971	\$ 50,714	\$ 52,136	\$ 53,179	\$ 54,242
Elimination of Diversion Program			\$ (1,400)	\$ (1,400)	\$ (1,400)
NO CHANGE IN AUTHORITY FOR PLANNED PROGRAMS					
Total Expenditures and Expenditure Adjustments	\$ 43,996	\$ 50,751	\$ 50,736	\$ 51,779	\$ 52,842
FUND BALANCE					
Reserve for economic uncertainties	\$ 18,467	\$ 17,972	\$ 16,497	\$ 14,342	\$ 11,467
Months in Reserve	4.4	4.3	3.8	3.3	2.6

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED.
B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2008-09.

10/16/2007

0758 - Medical Board Analysis of Fund Condition

(Dollars in Thousands)

#3: Planned Budget with Decreased Fees for 2 years

	ACTUAL 2006-07	2007-08	2008-09	2009-10	2010-11
BEGINNING BALANCE	\$ 12,199	\$ 18,467	\$ 17,972	\$ 14,006	\$ 5,695
Prior Year Adjustment	\$ 576	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 12,775	\$ 18,467	\$ 17,972	\$ 14,006	\$ 5,695
REVENUES AND REFUNDS					
Revenues:					
125800 Other regulatory fees	\$ 348	\$ 354	\$ 366	\$ 366	\$ 366
125700 Other regulatory licenses and permits	\$ 5,703	\$ 5,693	\$ 5,707	\$ 5,707	\$ 5,707
125800 Renewal fees	\$ 42,415	\$ 42,834	\$ 43,233	\$ 43,639	\$ 44,038
Reduced fees per elim of Diversion Program			\$ (1,400)	\$ (1,400)	\$ (1,400)
125900 Delinquent fees	\$ 94	\$ 92	\$ 100	\$ 100	\$ 100
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25
150300 Income from surplus money investments	\$ 1,088	\$ 352	\$ 323	\$ 161	\$ -
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 11	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 4	\$ 6	\$ 6	\$ 6	\$ 6
164300 Penalty assessments - Probation Monitoring	\$ -	\$ 900	\$ 900	\$ 900	\$ 900
Totals, Revenues	\$ 49,688	\$ 50,256	\$ 49,260	\$ 49,504	\$ 49,742
Refund to Physicians via decreased fee for 2 years (full renewal cycle) 53,000 x \$47			\$ (2,491)	\$ (2,491)	
Totals, Revenues and Refunds	\$ 49,688	\$ 50,256	\$ 46,769	\$ 47,013	\$ 49,742
Total Resources	\$ 62,463	\$ 68,723	\$ 64,742	\$ 61,018	\$ 55,437
EXPENDITURES					
0840 State Controller (State Operations)	\$ 25	\$ 37	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 43,971	\$ 50,714	\$ 52,136	\$ 53,179	\$ 54,242
Elimination of Diversion Program			\$ (1,400)	\$ (1,400)	\$ (1,400)
Proposed BCP: Operation Safe Medicine				\$ 1,924	\$ 1,620
Proposed BCP: Probation Program Expansion				\$ 621	\$ 514
Proposed BCP: Replace IT Infrastructure				\$ 1,000	\$ 500
Total Expenditures and Expenditure Adjustments	\$ 43,996	\$ 50,751	\$ 50,736	\$ 55,324	\$ 55,476
FUND BALANCE					
Reserve for economic uncertainties	\$ 18,467	\$ 17,972	\$ 14,006	\$ 5,695	\$ (40)
Months in Reserve	4.4	4.3	3.0	1.2	0.0

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED
B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2008-09

10/16/2007

0758 - Medical Board Analysis of Fund Condition

(Dollars in Thousands)

#4: Current Budget with Decreased Fees for 2 years

	ACTUAL 2006-07	2007-08	2008-09	2009-10	2010-11
BEGINNING BALANCE	\$ 12,199	\$ 18,467	\$ 17,972	\$ 14,006	\$ 9,311
Prior Year Adjustment	\$ 576	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 12,775	\$ 18,467	\$ 17,972	\$ 14,006	\$ 9,311
REVENUES AND REFUNDS					
Revenues:					
125800 Other regulatory fees	\$ 348	\$ 354	\$ 366	\$ 366	\$ 366
125700 Other regulatory licenses and permits	\$ 5,703	\$ 5,693	\$ 5,707	\$ 5,707	\$ 5,707
125800 Renewal fees	\$ 42,415	\$ 42,834	\$ 43,233	\$ 43,639	\$ 44,038
Reduced fees per elim of Diversion Program			\$ (1,400)	\$ (1,400)	\$ (1,400)
125900 Delinquent fees	\$ 94	\$ 92	\$ 100	\$ 100	\$ 100
141200 Sales of documents	\$ -	\$ -	\$ -	\$ -	\$ -
142500 Miscellaneous services to the public	\$ 25	\$ 25	\$ 25	\$ 25	\$ 25
150300 Income from surplus money investments	\$ 1,088	\$ 352	\$ 323	\$ 231	\$ 124
160400 Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -
161000 Escheat of unclaimed checks and warrants	\$ 11	\$ -	\$ -	\$ -	\$ -
161400 Miscellaneous revenues	\$ 4	\$ 6	\$ 6	\$ 6	\$ 6
164300 Penalty assessments - Probation Monitoring		\$ 900	\$ 900	\$ 900	\$ 900
Totals, Revenues	\$ 49,688	\$ 50,256	\$ 49,260	\$ 49,574	\$ 49,866
Refund to Physicians via decreased fee for 2 years (full renewal cycle) 53,000 x \$47			\$ (2,491)	\$ (2,491)	
Totals, Revenues and Refunds	\$ 49,688	\$ 50,256	\$ 46,769	\$ 47,083	\$ 49,866
Total Resources	\$ 62,463	\$ 68,723	\$ 64,742	\$ 61,089	\$ 59,177
EXPENDITURES					
0840 State Controller (State Operations)	\$ 25	\$ 37	\$ -	\$ -	\$ -
1110 Program Expenditures (State Operations)	\$ 43,971	\$ 50,714	\$ 52,136	\$ 53,179	\$ 54,242
Elimination of Diversion Program			\$ (1,400)	\$ (1,400)	\$ (1,400)
Total Expenditures and Expenditure Adjustments	\$ 43,996	\$ 50,751	\$ 50,736	\$ 51,779	\$ 52,842
FUND BALANCE					
Reserve for economic uncertainties	\$ 18,467	\$ 17,972	\$ 14,006	\$ 9,311	\$ 6,334
Months in Reserve	4.4	4.3	3.2	2.1	1.4

NOTES:

- A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED
B. EXPENDITURE GROWTH PROJECTED AT 2% BEGINNING FY 2008-09.

10/16/2007

Medical Board of California
FY 06/07
Budget Expenditure Report
(As of June 30, 2007)
(100.0% of fiscal year completed)

OBJECT DESCRIPTION	BUDGET ALLOTMENT	EXPENSES/ ENCUMB	PERCENT OF BUDGET EXP/ENCUMB	UNENCUMB BALANCE 6/30/07
PERSONAL SERVICES				
Salary & Wages (Staff & Exec Director)	14,912,628	13,224,280	88.7	1,688,348
DEC	24,000	27,400	114.2	(3,400)
Board Members	31,500	34,100	108.3	(2,600)
Phy Fitness Incentive Pay	29,623	29,445	99.4	178
Temp Help	1,144,410	1,269,508	110.9	(125,098)
Allocated Proctor	0	113		(113)
Overtime	12,143	76,842	632.8	(64,699)
Staff Benefits	6,191,597	5,066,437	81.8	1,125,160
Salary Savings	(1,006,512)			(1,006,512)
TOTALS, PERS SERVICES	21,339,389	19,728,125	92.4	1,611,264
OPERATING EXP & EQUIP				
General Expense	732,769	368,614	50.3	364,155
Fingerprint Reports	373,448	379,748	101.7	(6,300)
Printing	777,587	465,153	59.8	312,434
Communications	528,698	318,939	60.3	209,759
Postage	413,084	337,532	81.7	75,552
Insurance	35,277	25,900	73.4	9,377
Travel In-State	390,383	376,794	96.5	13,589
Travel Out-of-State	3,600	2,864	79.6	736
Training	58,469	79,116	135.3	(20,647)
Facilities Operation (Rent)	3,002,789	2,814,604	93.7	188,185
Consult/Prof Services	1,191,310	1,397,528	117.3	(206,218)
Departmental Prorata	3,890,812	3,670,075	94.3	220,737
Consolidated Data Ctr (Teale)	532,215	238,000	44.7	294,215
Data Processing	98,762	128,566	130.2	(29,804)
Central Admin Svcs (Statewide Prorata)	1,376,086	1,376,086	100.0	0
Attorney General Services	12,419,270	11,247,042	90.6	1,172,228
Office of Administrative Hearings	1,551,595	1,199,711	77.3	351,884
Court Reporter Services	125,000	143,202	114.6	(18,202)
Evidence/Witness	1,557,983	1,214,680	78.0	343,303
Major Equipment	369,000	375,184	101.7	(6,184)
Minor Equipment	164,300	320,779	195.2	(156,479)
Vehicle Operation/Other Items	225,261	349,940	155.3	(124,679)
Special Items of Expense (Tort, etc.)	0	12,517		(12,517)
Special Adjustments (Peer Review)	400,000	0	0.0	400,000
TOTALS, OE&E	30,217,698	26,842,574	88.8	3,375,124
TOTALS, EXPENDITURES	51,557,087	46,570,699	90.3	4,986,388
Scheduled Reimbursements	(384,000)	(392,595)	102.2	8,595
Distributed Costs	(713,000)	(711,456)	99.8	(1,544)
NET TOTAL, EXPENDITURES	50,460,087	45,466,648	90.1	4,993,439
Unscheduled Reimbursements		(1,495,579)		
		43,971,069		

Medical Board of California

FY 07/08

Budget Expenditure Report

(As of August 31, 2007)

(16.7% of fiscal year completed)

OBJECT DESCRIPTION	BUDGET ALLOTMENT	EXPENSES/ ENCUMB	PERCENT OF BUDGET EXP/ENCUMB	UNENCUMB BALANCE
PERSONAL SERVICES				
Salary & Wages				
(Staff & Exec Director)	14,731,824	2,306,593	15.7	12,425,231
DEC	24,000	2,600	10.8	21,400
Board Members	31,500	0	0.0	31,500
Phy Fitness Incentive Pay	29,623	2,015	6.8	27,608
Temp Help	1,144,410	114,126	10.0	1,030,284
Overtime	12,143	3,998	32.9	8,145
Staff Benefits	6,240,972	1,335,879	21.4	4,905,093
Salary Savings	(774,914)			(774,914)
TOTALS, PERS SERVICES	21,439,558	3,765,211	17.6	17,674,347
OPERATING EXP & EQUIP				
General Expense	891,585	28,555	3.2	863,030
Fingerprint Reports	373,448	58,164	15.6	315,284
Printing	835,648	293,266	35.1	542,382
Communications	567,855	1,102	0.2	566,753
Postage	444,459	35,360	8.0	409,099
Insurance	37,956	0	0.0	37,956
Travel In-State	421,039	14,101	3.3	406,938
Travel Out-of-State	2,800	0	0.0	2,800
Training	62,910	199	0.3	62,711
Facilities Operation (Rent)	2,784,152	1,624,372	58.3	1,159,780
Consult/Prof Services	969,919	186,676	19.2	783,243
Departmental Prorata	3,921,804	0	0.0	3,921,804
Interagency Services	4,672	0	0.0	4,672
Consolidated Data Ctr (Teale)	572,639	418,000	73.0	154,639
Data Processing	106,263	3,132	2.9	103,131
Central Admin Svcs (Statewide Prorata)	1,793,449	0	0.0	1,793,449
Attorney General Services	12,419,270	2,090,696	16.8	10,328,574
Office of Administrative Hearings	1,643,939	191,585	11.7	1,452,354
Court Reporter Services	160,000	8,061	5.0	151,939
Evidence/Witness	1,676,318	81,650	4.9	1,594,668
DOI-Investigative	2,347	0	0.0	2,347
Major Equipment	232,300	0	0.0	232,300
Minor Equipment	182,300	0	0.0	182,300
Vehicle Operation/Other Items	242,370	12,975	5.4	229,395
TOTALS, OE&E	30,349,442	5,047,894	16.6	25,301,548
TOTALS, EXPENDITURES	51,789,000	8,813,105	17.0	42,975,895
Scheduled Reimbursements	(384,000)	(60,293)	15.7	(323,707)
Distributed Costs	(691,000)	(106,131)	15.4	(584,869)
NET TOTAL, EXPENDITURES	50,714,000	8,646,681	17.0	42,067,319
Unscheduled Reimbursements		(123,092)		
		8,523,589		

ENFORCEMENT/PROBATION RECEIPTS

MONTHLY PROFILE: JULY 2005 - AUGUST 2007

	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	FYTD Total
Invest Cost Recovery	50,749	89,190	48,074	92,811	64,158	51,605	79,797	44,058	32,282	51,377	25,267	12,829	642,197
<i>Invest Cost Recovery Ordered*</i>	43,797	49,467	140,574	46,665	75,155	72,133	59,294	11,500	29,500	10,000	0	0	538,085
Criminal Cost Recovery	1,350	16,822	746	1,151	8,570	760	586	5,661	5,489	690	600	730	43,155
Probation Monitoring	36,707	14,612	7,909	46,661	97,709	111,055	239,827	229,080	31,782	41,281	30,624	27,579	914,826
Exam	2,611	825	4,057	11,997	4,111	360	3,936	2,089	602	2,713	1,793	4,600	39,694
Cite/Fine	1,350	1,450	0	5,175	9,100	175	4,150	7,900	3,850	850	5,300	5,000	44,300
MONTHLY TOTAL	92,767	122,899	60,786	157,795	183,648	163,955	328,296	288,788	74,005	96,911	63,584	50,738	1,684,172
FYTD TOTAL	92,767	215,666	276,452	434,247	617,895	781,850	1,110,146	1,398,934	1,472,939	1,569,850	1,633,434	1,684,172	

	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	FYTD Total
Invest Cost Recovery	21,173	30,787	19,692	22,508	22,790	10,741	26,503	6,342	13,891	18,577	11,064	6,789	210,857
<i>Invest Cost Recovery Ordered*</i>	0	0	0	0	0	0	0	0	0	0	0	0	0
Criminal Cost Recovery	450	704	57,971	1,100	840	373	1,213	750	100	10,200	18,704	2,689	95,094
Probation Monitoring	28,503	30,868	8,857	14,327	123,405	112,580	332,202	155,028	33,356	42,898	27,181	22,842	932,047
Exam	4,456	5,843	3,093	1,065	2,440	1,561	7,215	1,505	3,858	3,105	515	6,256	40,912
Cite/Fine	4,675	3,600	3,750	7,420	8,150	4,350	5,000	4,700	2,950	10,960	5,700	650	61,905
MONTHLY TOTAL	59,257	71,802	93,363	46,420	157,625	129,605	372,133	168,325	54,155	85,740	63,164	39,226	1,340,815
FYTD TOTAL	59,257	131,059	224,422	270,842	428,467	558,072	930,205	1,098,530	1,152,685	1,238,425	1,301,589	1,340,815	

	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	FYTD Total
Invest Cost Recovery	15,074	12,725											27,799
Criminal Cost Recovery	0	0											0
Probation Monitoring	31,949	49,534											81,483
Exam	3,545	4,227											7,772
Cite/Fine	1,200	9,100											10,300
MONTHLY TOTAL	51,768	75,586	0	0	0	0	0	0	0	0	0	0	127,354
FYTD TOTAL	51,768	127,354	127,354	127,354	127,354	127,354	127,354	127,354	127,354	127,354	127,354	127,354	

*not included in monthly and FYTD totals

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NOTE: cost recovery shown ordered after 1/1/06 was ordered in stipulations prior to 1/1/06

Medical Board of California
Board Members' Expense Report
July 1, 2007 - August 31, 2007

	<i>Per Diem*</i>			<i>Travel Expenses*</i>	<i>Total July-Aug</i>	<i>Total FYTD</i>
	JULY	AUG	TOTAL			
DMQ						
Mr. Alexander	500	300	800	486.47	1,286.47	1,286.47
Dr. Aristeiguieta	0	0	0	0.00	0.00	0.00
Dr. Chin	200	0	200	311.25	511.25	511.25
Dr. Corday	300	0	300	428.50	728.50	728.50
Dr. Duruisseau	500	200	700	380.50	1,080.50	1,080.50
Dr. Low	0	0	0	0.00	0.00	0.00
Dr. Moran	0	0	0	0.00	0.00	0.00
Dr. Salomonson	500	300	800	481.54	1,281.54	1,281.54
Dr. Wender	200	100	300	306.35	606.35	606.35
Ms. Yaroslavsky	0	0	0	0.00	0.00	0.00
Mr. Zerunyan	700	600	1,300	0.00	1,300.00	1,300.00
SUB TOTAL	2,900	1,500	4,400	2,394.61	6,794.61	6,794.61
LICENSING						
Ms. Chang	0	0	0	0.00	0.00	0.00
Dr. Fantozzi	1,100	1,000	2,100	1,534.80	3,634.80	3,634.80
Dr. Gitnick	0	0	0	0.00	0.00	0.00
Dr. Gregg	1,100	0	1,100	477.50	1,577.50	1,577.50
Ms. Schipske	0	0	0	403.78	403.78	403.78
SUB TOTAL	2,200	1,000	3,200	2,416.08	5,616.08	5,616.08
BOARD TOTAL	5,100	2,500	7,600	4,810.69	12,410.69	12,410.69

*includes claims paid/submitted through September 28, 2007

Board Members Expense Report.xls
Date: October 3, 2007

MEDICAL BOARD OF CALIFORNIA
EXECUTIVE PROGRAM
BUDGET REPORT
JULY 1, 2007 - AUGUST 31, 2007

	FY 07/08 BUDGET	EXPENDITURES/ ENCUMBRANCES YR-TO-DATE	LAG TIME (MONTHS)
PERSONAL SERVICES			
Salaries & Wages	589,865	93,043	current
Staff Benefits	<u>247,264</u>	<u>47,877</u>	current
TOTAL PERSONAL SERVICES	837,129	140,920	
 OPERATING EXPENSE & EQUIPMENT			
General Expense 1/	70,000	11,332	1-2
Printing	300,000	0	1-2
Communications	26,292	176	1-2
Postage	181,375	261	1-2
Travel In-State	105,455	3,602	1-2
Travel Out-of-State	800	0	current
Training	5,000	0	1-2
Facilities Operations 2/	70,000	53,623	current
Consultant & Professional Services	24,000	10,894	1-2
Departmental Services 3/	140,008	0	current
Interagency Services	167	0	current
Data Processing	1,000	0	1-2
Central Administrative Services 4/	<u>64,026</u>	<u>0</u>	current
 TOTAL OPERATING EXPENSES & EQUIPMENT	 988,123	 79,888	
 TOTAL BUDGET/EXPENDITURES	 1,825,252	 220,808	

See footnotes on next page

9/26/07

g/admin/execbud.xls

- 1/ costs for employee relocation, miscellaneous office supplies, freight and drayage, General Services administration overhead (charges levied by the Department of General Services for purchase orders, contracts, traffic management, fleet administration, and confidential destruction; charges levied by the State Controller's Office for the processing of disability insurance claims, late payroll document costs; by EDD for unemployment insurance and by DPA Administration; charges levied by any other state agency for services provided not under contract), meetings and conferences, library purchases and subscriptions, photography, and office equipment rental, maintenance and repairs.
- 2/ rent, security, maintenance, facility planning, waste removal, purchase of building supplies and materials.
- 3/ Department of Consumer Affairs prorata assessments for support of the following:
 - a/ Public Affairs Division
 - b/ Consumer and Community Relations Division
 - c/ Administrative & Information Services Division
 - d/ Division of Investigation Special Operations Unit
- 4/ Charges for support of the State Personnel Board, Department of Finance, State Controller, State Treasurer, Legislature, Governor's Office, etc.

9/26/07

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MEDICAL BOARD OF CALIFORNIA
ENFORCEMENT PROGRAM
BUDGET REPORT
JULY 1, 2007 - AUGUST 31, 2007

	FY 07/08 BUDGET	EXPENDITURES/ ENCUMBRANCES YR-TO-DATE	LAG TIME (MONTHS)
PERSONAL SERVICES			
Salaries & Wages	8,692,467	1,331,977	current
Staff Benefits	<u>3,417,710</u>	<u>738,791</u>	current
TOTAL PERSONAL SERVICES	12,110,177	2,070,768	
OPERATING EXPENSE & EQUIPMENT			
General Expense/Fingerprint Reports	255,604	5,086	1-2
Printing	373,148	278,710	1-2
Communications	310,994	856	1-2
Postage	101,806	18,192	1-2
Insurance	29,930	0	current
Travel In-State	122,358	1,860	1-2
Travel Out-of-State	900	0	current
Training	21,806	199	1-2
Facilities Operations	1,622,789	1,121,347	current
Consultant/Professional Services	350,000	110,821	1-2
Departmental Services	2,685,258	0	current
Interagency Services	3,199	0	current
Data Processing	12,000	3,132	1-2
Central Administrative Services	1,227,975	0	current
Attorney General 1/	12,229,270	2,059,767	current
OAH	1,643,939	191,585	1
Evidence/Witness Fees	1,606,750	81,237	1-2
DOI-Investigative	2,347	0	current
Court Reporter Services	160,000	8,061	1-2
Major Equipment	112,800	0	1-2
Other Items of Expense (Law Enf. Materials/Lab, etc.)	72	8,227	1-2
Vehicle Operations	184,098	2,575	1-2
Minor Equipment	<u>65,500</u>	<u>0</u>	1-2
TOTAL OPERATING EXPENSES & EQUIPMENT	23,122,543	3,891,655	
DISTRIBUTED COSTS	(634,562)	(106,131)	
TOTAL BUDGET/EXPENDITURES	34,598,158	5,856,292	
Unscheduled Reimbursements		<u>(19,572)</u>	
		5,836,720	

1/See next page for monthly billing detail

9/26/07

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MEDICAL BOARD OF CALIFORNIA
ATTORNEY GENERAL EXPENDITURES - FY 07/08
DOJ AGENCY CODE 003573 - ENFORCEMENT (6303)
page 1 of 2

		<u>Number of Hours</u>	<u>Rate</u>	<u>Amount</u>
July	Attorney Services	6,180.75	158.00	976,558.50
	Paralegal Services	134.00	101.00	13,534.00
	Auditor/Analyst Services	4.00	63.00	252.00
	Cost of Suit			<hr/> 990,344.50
August	Attorney Services	6,722.75	158.00	1,062,194.50
	Paralegal Services	65.25	101.00	6,590.25
	Auditor/Analyst Services	1.00	63.00	63.00
	Cost of Suit			<hr/> 575.00
				1,069,422.75
September	Attorney Services		158.00	0.00
	Paralegal Services		101.00	0.00
	Auditor/Analyst Services		63.00	0.00
	Cost of Suit			<hr/> 0.00
October	Attorney Services		158.00	0.00
	Paralegal Services		101.00	0.00
	Auditor/Analyst Services		63.00	0.00
	Cost of Suit			<hr/> 0.00
November	Attorney Services		158.00	0.00
	Paralegal Services		101.00	0.00
	Auditor/Analyst		63.00	0.00
	Cost of Suit			<hr/> 0.00
December	Attorney Services		158.00	0.00
	Paralegal Services		101.00	0.00
	Auditor/Analyst		63.00	0.00
	Cost of Suit			<hr/> 0.00

Enforcement AG Expenditures July - August = 2,059,767.25

Revised 9/17/07

MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
BUDGET REPORT
JULY 1, 2007 - AUGUST 31, 2007

	FY 07/08 BUDGET	EXPENDITURES/ ENCUMBRANCES YR-TO-DATE	LAG TIME (MONTHS)
PERSONAL SERVICES			
Salaries & Wages	1,778,140	302,951	current
Staff Benefits	<u>786,160</u>	<u>175,897</u>	current
TOTAL PERSONAL SERVICES	2,564,300	478,848	
OPERATING EXPENSES & EQUIPMENT			
General Expense	43,960	401	1-2
Fingerprint Reports*	369,948	57,762	current
Printing	100,000	5,174	1-2
Communications	73,816	41	1-2
Postage	137,446	16,530	1-2
Travel In-State	25,000	1,145	1-2
Training	4,000	0	1-2
Facilities Operation	185,000	146,258	current
Consult/Professional Services	448,919	59,611	1-2
Departmental Services	322,765	0	current
Interagency Services	385	0	current
Data Processing	500	0	1-2
Central Administrative Services	147,601	0	current
Attorney General	190,000	30,929	current
Evidence/Witness Fees	<u>5,000</u>	<u>0</u>	1-2
TOTAL OPERATING EXPENSES & EQUIPMENT	2,054,340	317,851	
SCHEDULED REIMBURSEMENTS	(384,000)	(60,293)	
DISTRIBUTED COSTS	(26,089)	0	
TOTAL BUDGET/EXPENDITURES	4,208,551	736,406	
Unscheduled Reimbursements		<u>(36,439)</u>	
		699,967	

*Department of Justice invoices for fingerprint reports, name checks, and subsequent arrest reports

MEDICAL BOARD OF CALIFORNIA
ADMINISTRATIVE SERVICES PROGRAM
BUDGET REPORT
JULY 1, 2007 - AUGUST 31, 2007

	FY 07/08 BUDGET	EXPENDITURES/ ENCUMBRANCES YR-TO-DATE	LAG TIME (MONTHS)
PERSONAL SERVICES			
Salaries & Wages	901,731	154,403	current
Staff Benefits	<u>396,073</u>	<u>87,570</u>	current
TOTAL PERSONAL SERVICES	1,297,804	241,973	
OPERATING EXPENSE & EQUIPMENT			
General Expense	432,621	1,763	1-2
Printing	30,000	2,145	1-2
Communications	80,435	0	1-2
Postage	10,131	72	1-2
Travel In-State	20,000	1,416	1-2
Training	3,000	0	1-2
Facilities Operations	695,363	120,255	current
Consultant & Professional Services	37,000	750	1-2
Departmental Services	223,151	0	current
Interagency Services	266	0	current
Data Processing	1,000	0	1-2
Central Administrative Services	102,047	0	current
Vehicle Operations/Insurance/Other	<u>2,445</u>	<u>0</u>	1-2
TOTAL OPERATING EXPENSES & EQUIPMENT	1,637,459	126,401	
DISTRIBUTED COSTS	(28,357)	0	
TOTAL BUDGET/EXPENDITURES	2,906,906	368,374	

MEDICAL BOARD OF CALIFORNIA
DIVERSION PROGRAM
BUDGET REPORT
JULY 1, 2007 - AUGUST 31, 2007

	FY 07/08 BUDGET	EXPEND/ ENCUMB YR-TO-DATE	PERCENT OF BUDGET EXP/ENCUMB	LAG TIME (MONTHS)
PERSONAL SERVICES				
Salaries & Wages	720,121	130,673	18.1	current
Staff Benefits	<u>308,770</u>	<u>64,843</u>	21.0	current
TOTAL PERSONAL SERVICES	1,028,891	195,516	19.0	
OPERATING EXPENSES & EQUIPMENT				
General Expense	25,000	9,805	39.2	1-2
Printing	10,000	5,174	51.7	1-2
Communications	22,822	0	0.0	1-2
Postage	5,255	253	4.8	1-2
Insurance	1,702	0	0.0	current
Travel In-State	75,000	5,222	7.0	1-2
Travel Out-of-State	1,100	0	0.0	current
Training	4,418	0	0.0	1-2
Facilities Operation	32,000	28,290	88.4	current
Departmental Services	106,672	0	0.0	current
Interagency Services	127	0	0.0	current
DP Maint/Supplies	500	0	0.0	1-2
Central Administrative Services	48,782	0	0.0	current
Major Equipment	16,000	0	0.0	current
Vehicle Operations	<u>11,000</u>	<u>1,448</u>	13.2	1-2
TOTAL OPERATING EXPENSES & EQUIPMENT	360,378	50,192	13.9	
TOTAL BUDGET/EXPENDITURES	1,389,269	245,708	17.7	

MEDICAL BOARD OF CALIFORNIA
INFORMATION SYSTEMS PROGRAM
BUDGET REPORT
JULY 1, 2007 - AUGUST 31, 2007

	FY 07/08 BUDGET	EXPENDITURES/ ENCUMBRANCES YR-TO-DATE	LAG TIME (MONTHS)
PERSONAL SERVICES			
Salaries & Wages	1,036,519	179,809	current
Staff Benefits	<u>458,800</u>	<u>90,733</u>	current
TOTAL PERSONAL SERVICES	1,495,319	270,542	
OPERATING EXPENSE & EQUIPMENT			
General Expense	37,900	442	1-2
Printing	15,000	1,808	1-2
Communications	21,503	45	1-2
Postage	5,255	258	1-2
Travel In-State	21,441	0	1-2
Training	20,186	0	1-2
Facilities Operations	138,000	118,083	current
Consultant/Professional Services	110,000	4,600	1-2
Departmental Services	234,523	0	current
Interagency Services	279	0	current
Consolidated Data Centers (Teale)	572,639	418,000	current
Data Processing	90,763	0	1-2
Central Administrative Services	107,248	0	current
Major Equipment	71,500	0	1-2
Minor Equipment	<u>116,800</u>	<u>0</u>	1-2
TOTAL OPERATING EXPENSES & EQUIPMENT	1,563,037	543,236	
DISTRIBUTED COSTS	(1,992)	0	
TOTAL BUDGET/EXPENDITURES	3,056,364	813,778	

MEDICAL BOARD OF CALIFORNIA
PROBATION MONITORING
BUDGET REPORT
JULY 1, 2007 - AUGUST 31, 2007

	FY 07/08 BUDGET	EXPENDITURES/ ENCUMBRANCES YR-TO-DATE	LAG TIME (MONTHS)
PERSONAL SERVICES			
Salaries & Wages	1,479,742	236,475	current
Staff Benefits	<u>626,195</u>	<u>130,166</u>	current
TOTAL PERSONAL SERVICES	2,105,937	366,641	
 OPERATING EXPENSES & EQUIPMENT			
General Expense	30,000	128	1-2
Printing	7,500	253	1-2
Communications	31,993	29	1-2
Postage	3,191	7	1-2
Insurance	6,079	0	current
Travel In-State	51,785	598	1-2
Training	4,500	0	1-2
Facilities Operation	41,000	36,516	current
Departmental Services	209,424	0	current
Interagency Services	249	0	current
Data Processing	500	0	1-2
Central/Administrative Services	95,770	0	current
Evidence/Witness Fees	64,568	413	1-2
Major Equipment	32,000	0	1-2
Vehicle Operations/Other Items	<u>45,000</u>	<u>725</u>	1-2
 TOTAL OPERATING EXPENSES & EQUIPMENT	623,559	38,669	
 TOTAL BUDGET/EXPENDITURES	2,729,496	405,310	
 Unscheduled Reimbursements*		<u>(67,081)</u>	
		338,229	

*no authority to spend



STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

MEDICAL BOARD OF CALIFORNIA— Executive Office

1434 Howe Avenue, Suite 92, Sacramento, CA 95825

(916) 263-2389 Fax (916) 263-2387 www.mbc.ca.gov



October 17, 2007

To: Members,
Medical Board of California

From: Barb Johnston
Executive Director

A handwritten signature in blue ink, appearing to read "Barb Johnston", written over a light blue rectangular background.

Subject: Proposed 2008 Meeting Dates

At the July Board meeting the board voted to approve meeting dates for 2008. It was recently brought to my attention that the date for the May 1, 2, 2008 meeting date conflicts with the FSMB Annual meeting. Therefore, I am proposing the May meeting date be changed to allow members and staff the opportunity to attend the FSMB Annual meeting.

The following dates are proposed for your review and consideration:

April 24, 25, 2008

or,

May 8, 9, 2008

JULY 2007 MEETING

7 Members responded – On all the ratings, the overall response average was that the Board members **agree** that they have the information necessary, the discussion items are relevant, enough time is allowed to discuss agenda items, and they feel they are open to public input.

Comments per item:

Board meeting packet:

- Consider packets online or scanning and putting in pdf format.
- New Executive Director's information was not given in advance of meeting.
- Regardless that the materials come in enough time, are complete, and relevant, it should be gone over during the meeting (because not everyone seems to be reading).

Committee meetings:

No Comments

Division meetings:

- The table/chair set up makes it hard (impossible) to see the chair and members. It's fine for "hearing" format but not great for discussion.

Full board meetings:

- I could not read the slides or most of the poorly printed handout for the presentation.
- Having a full board meeting the 1st day is an excellent method to ensure total engagement!
- Need to use motions to move the board – long discussion without action isn't effective meeting management.
- Quality of presentation – Could not read Power Point or handouts.

Further comments:

- The more everyone knows and the more fully engages the board is, the better knowledge every member has and can, in turn, be more engaged in the process and the work of the board.

2008



Medical Board of California

Strategic Plan 2008

MEDICAL BOARD OF CALIFORNIA

STRATEGIC PLAN 2008

Developed 2008

Richard D. Fantozzi, M.D., President

Steve Alexander

Cesar Aristeiguieta, M.D.

Hedy Chang

John Chin, M.D.

Shelton Duruisseau, Ph.D.

Gary Gitnick, M.D.

Reginald Low, M.D.

Mary Lynn Moran, M.D.

Janet Salomonson, M.D.

Gerrie Schipske, R.N.P., J.D.

Ronald H. Wender, M.D.

Barbara Yaroslavsky

Frank V. Zerunyan, J.D.

Barb Johnston, Executive Director

Protecting the Public
Promoting Wellness

INTRODUCTION

The Medical Board of California (Board) is mandated to make public protection its first priority. This mandate is articulated in Business and Professions Code Section 2001.1, which states:

Protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions.

While the mandated functions of the Board generally fall into two categories, licensing and discipline, there are other, more broadly defined issues relating to healthcare that impact the protection of the public. Acknowledging that California's healthcare landscape is ever changing, that the current environment of healthcare delivery is under great strain, and that the business of medicine may contribute to preventing access to healthcare or promote substandard care, this plan addresses issues beyond the simple issuing of licenses and rendering of disciplinary actions.

MISSION

The Mission of the Medical Board of California is to protect healthcare consumers through proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practices Act, and, to promote access to quality medical care through the Board's licensing and regulatory functions.

GOALS AND OBJECTIVES

Professional Qualifications

Promote the professional qualifications of medical practitioners by setting requirements for education, experience, and examinations, taking into account the states needs for more physicians, particularly in underserved populations; and promoting physician wellness.

Regulations and Enforcement

Protect the public by effectively enforcing laws and standards to deter violations.

Consumer Education

Increase public awareness of Board's Mission, activities and services.

Organizational Relationships

Improve effectiveness of relationships with related organizations to further Board's Mission and goals.

Organizational Effectiveness

Enhance organizational effectiveness and systems to improve service.

Goal 1: Professional Qualifications

Promote the professional qualifications of medical practitioners by setting requirements for education, experience, and examinations, taking into account the state's need for more physicians, particularly in underserved populations; and promoting physician wellness.

Objectives

- Assure greater compliance of CME requirements.
Measure: Audits will show improved compliance with CME requirements.
- Develop a plan for addressing access to care and the shortage of doctors that is appropriate to the Board's Mission and resources.
Measure: Determine impact of the Board's plan to address access to healthcare.
- Create a plan to assist in addressing medical errors as appropriate to the Board's Mission and resources.
Measure: Development of an educational program to inform medical students and physicians of medical errors and consequences which may be used as curriculum or CME.

Develop an on-line educational program on cultural and linguistic competency

Measure: Determine the number of physicians using this program to enhance their skills and satisfaction with the course.

Ensure that qualified internationally trained physicians are allowed to obtain license exemption under Business and Professions Code 2168 through the work of the Special Programs Review Committee.

Measure: Site audits will indicate these physicians are compliant with regulation and there is a decrease of complaints about this group.

Ensure international medical schools meet the Board's requirements for recognition.

Measure: Site inspections will indicate compliance.

- Promote physician wellness by providing an on-line educational program and links to other resources.
Measure: Determine the number of physicians using these resources.

Goal 2: Regulation and Enforcement

Protect the public by effectively enforcing laws and standards to deter violations.

Objectives

- Submit vertical enforcement report to the Legislature by December 2007 and implement the vertical enforcement model long term.
Measure: Report submitted and vertical enforcement model fully integrated including implementation of fully interoperable information technology software used by the Department of Justice.
- Evaluation of peer review study of California hospitals and to address the issues identified.
Measure: Study is completed and recommendations are provided to the Board for review and possible action.

Re-establish the Board's Operation Safe Medicine Unit to target unlicensed activity, corporate practice of medicine, and lack of supervision violations.

Measure: Program re-established and tracking the number of complaints to and outcomes from this unit.

- Restructure the Board's Probation Unit to transfer the monitoring of probations from investigators to inspectors. The investigators will be reassigned to the District Offices to decrease the number of cases assigned per investigator.
Measure: A decrease in the length of time to conduct investigations.

Goal 3: Consumer Education

Increase public awareness of the Board's Mission, activities and services.

Objectives

- Complete a study of the public disclosure laws and take actions necessary to address issues identified.
Measure: Study completed, with a report made available to the public via the Board's Web site and any recommendations that have been identified be presented to the Board.

Recognition of excellence in medicine by California physicians

Measure: Ensure annual award of recognition for excellence in medicine given to recipient and publicized on the Board's Web site.

Improve education about the Board and its services to consumers including obtaining information on physicians.

Measure: High levels of satisfaction reported by consumers who access educational material and other information on the Board's Web site.

Goal 4: Organizational Relationships

Improve effectiveness of relationships with related organizations to further the Board's Mission and goals.

Objectives

Establish a plan to include board members in meetings with legislators and other key stakeholders on various legislative proposals.

Measure: Increased support of the Board's legislative proposals.

Develop a plan for Executive Team or Supervising Investigators when appropriate to meet with legislative staff in district offices.

Measure: Increased awareness of the Board, its mission and services by legislative district offices.

Goal 5: Organizational Effectiveness

Enhance organizational effectiveness and systems to improve service to constituents.

Objectives

- Develop better ways of assessing Board "customer satisfaction" and implement changes that would better serve applicants, licensees and the public.
Measure: High levels of satisfaction reported by customers who receive services or who access information on the Board's Web site.
- Reverse loss of investigators by identifying and addressing factors that are contributing to investigator retention problems. Perform a study to determine the difference in work performed and compensation between Board investigators and investigators from other State boards/agencies.
Measure: Improve recruitment and retention of Board investigators.

Implement the restructuring of the Board to ensure greater communication and synergy between enforcement and licensing divisions of the Board.

Measure: Implementation is completed and all board members are educated regarding all Board issues.

Perform a complete evaluation of the Licensing Program to identify areas for improvement.

Measure: Evaluation completed and any recommendations for efficiency are implemented.

- Coordinate relocation of the Board's headquarters facilities and staff to improve operational efficiencies and to improve customer service.
Measure: Consumers and other interested parties have improved access to the Board's services. Staff reports work environment more efficient.

Develop consumer and licensee focused educational programs made available on-line from the Board's Web site to improve access statewide.

Measure: Determine the number of individuals using these services and satisfaction with the courses.

Improve organizational business processes through replacement of current information technology systems with state of the art user-friendly information technology (IT) software.

Measure: When fully implemented staff reports significant improvement in business processes.

Conclusion

This plan seeks improve the efficiency and effectiveness of the Board to assure protection of the public and provide better service to licensees and consumers. This Board is also committed to including wellness of physicians as a priority for the Medical Board of California.

MEDICAL BOARD STAFF REPORT

Agenda Item 16

DATE REPORT ISSUED: October 10, 2007
ATTENTION: Board Members
DEPARTMENT: Medical Board of California (MBC)
SUBJECT: Information Technology Replacement
STAFF CONTACT: Diane Ingram

REQUESTED ACTION:

Board members approve MBC Information Technology replacement to improve interoperability with DOJ's information systems for vertical enforcement as required by SB 231.

STAFF RECOMMENDATION:

Staff recommends MBC should implement an information technology system which is fully interoperable with the current system used at Department of Justice (DOJ). This will require MBC moving away from the outdated and non-interoperable CAS system which is slowing down MBC business and which is now a high risk software environment for MBC because of the difficulty maintaining a 20 year old system. It is essential that MBC investigators and DOJ use fully interoperable systems for vertical enforcement.

EXECUTIVE SUMMARY:

A review by MBC staff has shown significant inefficiency and disruption to communication and business processes between MBC and DOJ investigators because of the lack of interoperability of the information systems of the two organizations. DOJ has already upgraded their system and have demonstrated its greatly increased effectiveness and efficiency. It is essential that MBC also replaces its IT system to become fully interoperable with DOJ. Staff concludes that significant benefits to both consumers and licensees will be achieved through this upgrade. Senior management from MBC and DOJ have met and agreed, subject to Board approval, a plan that aligns the information technology systems of the two organizations. MBC staff have met with DCA who have expressed support of this plan. A formal feasibility study to ascertain the scope, costs, timeline and risks of a proposed project to replace CAS is presently underway.

FISCAL CONSIDERATIONS:

All costs will be available at the conclusion of the feasibility study but initial estimates for the first year are for a cost of \$1m for technology upgrades, data migration, consulting, training and programming of interfaces. The cost for maintenance and implementation during the second year is estimated at \$500,000 with ongoing costs to be determined.

PREVIOUS MBC AND/OR COMMITTEE ACTION:

Improving the IT system (CAS) currently in use by MBC is an accepted longstanding need. At its July meeting the Board requested staff to investigate the benefits of making this change. Two previous feasibility studies have been conducted which both have concluded that the information technology upgrade should occur, but unfortunately neither was approved by the Department of Finance (oversight agency) for implementation.



ISSUE MEMORANDUM

DATE	October 5, 2007
TO	Kimberly Kirchmeyer Deputy Director
FROM	Diane Ingram Medical Board of California
SUBJECT	Vertical Enforcement Communication

The Medical Board's investigators and the Department of Justice's Deputy Attorneys General cannot communicate effectively due to having two separate information technology systems in use for vertical enforcement.

BACKGROUND

The mission of the Medical Board of California (Board) is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

On January 1, 2006, Government Code Sections 12529, 12529.5 and 12529.6 went into effect, requiring the Board investigators to work with the Department of Justice, Health Quality Enforcement Section (HQES), Deputy Attorneys General (DAG), from the start of all investigations in a "vertical prosecution model" through to closure, or if warranted, prosecution of the case. Vertical prosecution is based on the team concept with the investigator and attorney working together to achieve the common goal of greater public protection for the people of California. The Board and the HQES have worked closely together to implement the vertical enforcement model.

The Board's Central Complaint Unit reviews complaints at headquarters and then when investigation is appropriate, refers the complaint to the field office for investigation. The HQES has a DAG assigned to work in each Medical Board field office along side the investigators. The investigation of a complaint referred to the field office is assigned to both an investigator and a DAG at the same time.

The DAG has desktop computers set up at the field office. The DAGs working on Board cases use a separate network and an information technology system by Thomson Elite called ProLaw. The ProLaw system uses a dashboard to provide one-touch access to everything the DAG needs including their daily calendar, reminders, matters (or events),

contacts, documents, and more. ProLaw automates case management, tasks, deadlines, calendars, document management, reporting, time entry, and also provides comprehensive integration with Outlook, Word and Westlaw research and court rules. When a DAG creates a matter, ProLaw automates creation of file folders and organizes all subsequent documents and supporting materials within that matter. The events, docketing, and deadlines are integrated into ProLaw matter information into Outlook calendar. Complaints are logged in as "matters" into ProLaw as the tracking mechanism.

The investigator working on Medical Board cases uses WordPerfect 12, GroupWise email, the mainframe application Consumer Affairs Systems (CAS) Enforcement module, and the Investigator Activity Reporting (IAR) systems. There are additional enforcement databases used also by enforcement including Malpractice, 805, CCU Log, Medical Expert, Exhibits Log, and Criminal Activity Report. These databases perform additional tracking functions not available in the mainframe CAS.

The investigator uses a template form created in WordPerfect for the essential elements required from the DAG on a case. As an investigation progresses the updated documents are emailed to the DAG. Case numbers are used as the tracking mechanism for the investigation. Most communication on the investigations is performed with email for documentation along with updated case reports.

ANALYSIS AND RECOMMENDATIONS

The investigator and the DAG use different tools while working together in vertical enforcement. They additionally use different terminology for tracking and working on a investigation/matter. The multitude of applications used by the investigator is cumbersome and delays the investigation. The terminology differences used by both parties also impacts the communication while working thru the investigation to prosecution. The systems do not share the same structure or components and do not have the capacity to share information across platforms as they exist today.

The CAS is a natural program running on a Adabas database and the technical support for the system has traditionally had to go thru the Department of Consumer Affairs, Office of Information Services for completion. Additionally, as the years go by and technology evolves, programmers are getting harder and harder to find and contracting out for services is often necessary to complete enhancements. Currently the Board has only one qualified natural/Adabas programmer on staff.

To improve vertical enforcement the Board investigators needs to have a comprehensive all in one application available to them with similar tracking mechanisms and terminology used in the ProLaw application.

CONS

To move forward with an all in one comprehensive system will require the purchase of the one time off the shelf application ProLaw, three new servers, Microsoft Exchange, Microsoft Advanced Server, Cognos Reporting tool, and consultants to install for the Board. The ProLaw application would require several additional enhancements to

incorporate all of the components needed to make it an all in one application for the Board. Training and documentation will be absolutely necessary for all enforcement staff to use the system. Additionally, conversion of all complaints and current databases would be required and long term support by Department of Technology Services hosting the servers and ongoing yearly maintenance for the applications. These are unknown costs at this time.

PROS

Moving to ProLaw will allow the Board and the Department of Justice to work more efficiently at vertical enforcement. Sharing one terminology and the same system will improve work productivity by both agencies.

MEDICAL BOARD STAFF REPORT

Agenda Item 18

DATE REPORT ISSUED: November 2, 2007
ATTENTION: Board Members
DEPARTMENT: Medical Board of California (MBC)
SUBJECT: Transition Plan for Diversion Program Participants
STAFF CONTACT: Kimberly Kirchmeyer

REQUESTED ACTION:

Board members approve the transition plan and policy statements for the Diversion Program in the attached memo.

STAFF RECOMMENDATION:

Staff recommends that the Board members approve the attached plan in order to transition the participants from the Diversion Program which will sunset on June 30, 2008.

EXECUTIVE SUMMARY:

Since there was no legislation approved to extend the Diversion Program, on June 30, 2008 the legislation authorizing the Diversion Program will become inoperative. However, as of September 21, 2007 there were 203 individuals participating in the Diversion Program and therefore a transition plan for those individuals needed to be developed. In addition, this plan would also need to include what to tell those individuals who are contacting the Board until June 30, 2008 requesting entrance into the Diversion Program. After input from staff and the Diversion Advisory Council, a transition plan was put together as follows:

Self referrals (75 participants)

New participants – The Board will no longer accept self referrals into the Diversion Program

Current participants – Those participants who have at least three years sobriety will be evaluated by the DEC and if in compliance will complete the Diversion Program (44 participants). Those participants without three years sobriety, and not deemed to be a danger to the public, will be released from the Program on June 30, 2008 but will be encouraged to seek another program to assist with sobriety (31 participants).

In lieu of discipline or Statements of Understanding (94 participants)

New participants – The Board will fully inform those individuals seeking entrance into the Diversion Program in lieu of discipline that they will not be able to successfully complete the Diversion Program and that on June 30, 2008 they will be referred to enforcement for further action.

Current participants – Those participants who have at least three years sobriety will be evaluated by the DEC and if in compliance will complete the Diversion Program (60 participants). Those participants without three years sobriety will need to locate a program similar to the Diversion Program that will monitor him or her until he or she reaches three years sobriety (34 participants). This program will be required to report participant activity to the Chief of Enforcement. Failure to obtain a program will result in the matter being referred to the Enforcement Unit.

Board ordered (27 participants)

Upon approval of the plan, the Board will no longer have the Diversion Program as a condition of a probationary order. However, each new decision will contain a condition stating that the probationer must abstain from drugs/alcohol and must submit to biological fluid testing.

Current probationers – The Diversion Program condition will become null and void on July 1, 2008 and probationers will no longer be required to comply with this condition. However, they must comply with abstaining from drugs/alcohol and must continue to submit to biological fluid testing. One staff member will be responsible for setting up biological fluid testing for probationers on a random schedule.

Out of State (7 participants)

Current participants – Board staff will continue to liaison with the other state's Diversion Programs to ensure the seven current participants successfully complete the other state's program.

FISCAL CONSIDERATIONS:

Pursuant to Business and Professions Code section 2435.2, the Board will need to reduce the initial and renewal license fees by the amount equal to the cost of operating the Diversion Program. However, the Board will need to maintain one full-time employee to perform the functions associated with the random biological fluid testing required for probationers. Since the funding will be taken from the Diversion Program, this position will be funded by the Board's Probation Unit.

PREVIOUS MBC AND/OR COMMITTEE ACTION:

At the July 2007 Board meeting, the Board members voted to allow the Diversion Program to sunset on June 30, 2008. Additionally, the Board requested a plan be developed to assist in the transition of the Diversion Program for the period between when the motion was made until June 30, 2008.



Date: November 1, 2007

To: Diversion Committee Members

From: Kimberly Kirchmeyer
Deputy Director

Subject: Diversion Transition Plan

Based upon input from Board Executive Staff and the Diversion Advisory Council, a transition plan has been developed for participants who are currently in the Diversion Program. The Diversion Committee will need to approve staff's proposed policies. If the policies are approved at this committee meeting, the Diversion Committee co-chairs will present this plan to all Board Members for approval.

As of September 21, 2007, there were 203 individuals in the Diversion Program (with seven of the participants participating in similar out-of-state programs). Of those, 75 were self-referrals, 94 were in Diversion in lieu of discipline, and 27 were ordered into Diversion as a result of a disciplinary order. In developing a transition plan, staff recognized that each of these categories had to be treated differently. By way of background, individuals are considered a self referral if they enter the Diversion Program completely voluntarily (no action pending and no future action is brought forward). Pursuant to statute, an individual may enter the Diversion Program in lieu of discipline if the Board determines that the only issues that have been brought to the attention of the Board's investigative unit are substance abuse issues or mental illness (the individual signs a Statement of Understanding with the Enforcement Unit indicating that the Board will suspend its disciplinary process while the individual is in the Diversion Program and will cease the process if the individual successfully completes the Program). Lastly, an individual may enter the Diversion Program as a condition of a disciplinary order, which will also contain a period of probation. (The Board also has 2 individuals in Diversion as part of a Post Accusation Diversion Agreement. This agreement occurred after an Accusation had been filed against a physician, but it states that if the subject successfully completes the Diversion Program, then the accusation will be withdrawn and no action will be taken against the physician. Staff has placed these individuals into the same category as in lieu of discipline participants.)

To determine how to transition these participants, the Board will need to address the participants based upon how they were accepted into the program.

SELF REFERRALS

PROPOSED POLICY: Effective upon approval, the Board will inform individuals requesting participation in the Diversion Program that the program will be eliminated on June 30, 2008 and

therefore the individual will need to seek participation in another monitoring/treatment program. Information regarding other programs may be available via the Board's Web site.

Rationale: The Board cannot maintain its current program with a limited number of staff. Additionally, with the Diversion Program ending on June 30, 2008, it would not be substantially beneficial for these individuals to enter the program. Hence, physicians seeking to voluntarily enter the Diversion Program will be denied participation due to insufficient resources.

PROPOSED POLICY: Beginning immediately following the Board meeting and ongoing to June 30, 2008, those individuals who are self referrals and have at least three years of sobriety will be referred to a Diversion Evaluation Committee (DEC) for evaluation. If the DEC recommends, and the Program Administrator agrees, that the individual has been in compliance, the individual will be deemed to have completed the Diversion Program and will receive a letter informing them of such. The letter also will recommend that if the participant believes he/she needs assistance to maintain his/her sobriety that he/she seek entrance into another monitoring program. [As of September 21, 2007 there were 44 participants in this category.]

Rationale: Pursuant to Business and Professions (B&P) Code section 2350, three years sobriety and adoption of a lifestyle which will maintain a state of sobriety is to be used to determine completion of the program. In addition, as the Diversion Program continues to lose staff, this mechanism will assist in keeping the caseload down for each monitor.

PROPOSED POLICY: On June 30, 2008 those individuals who are self referrals but have less than three years sobriety will be sent a letter stating the Diversion Program is inoperative and there is no longer a monitoring program. The letter will highly encourage participants to seek entrance into another monitoring or treatment program that will assist him or her in maintaining his or her sobriety. [As of September 21, 2007 there were 31 participants in this category.]

Rationale: The Diversion Program will no longer be in existence after June 30, 2008 and will no longer be able to monitor these individuals.

IN LIEU OF DISCIPLINE (STATEMENTS OF UNDERSTANDING)

PROPOSED POLICY: Effective upon approval, the Board will inform those individuals seeking admission to the Diversion Program in lieu of discipline that they will be unable to complete the three year term of sobriety necessary for successful completion of the Diversion Program and therefore any contract signed would be limited to a term ending June 30, 2008, the date on which the program becomes inoperative. At that time, the Board will refer the matter to the Attorney General's office for further action. The participant will be made fully aware of this fact and be given the choice of either entering the program with the knowledge that on June 30, 2008 he or she will be referred to enforcement for further action, or that he or she can proceed through the enforcement process.

Rationale: While the Board cannot deny participation in the Program in lieu of discipline as long as the Program is still legally in operation (pursuant to B&P Code section 2350), it also

should not encourage participants to enter a program that will only be operational until June 30, 2008. With the knowledge that the program will be inoperable, it would not show good faith to have a physician enter the program only for seven months.

PROPOSED POLICY: Upon approval and ongoing to June 30, 2008 those individuals who are in the Program in lieu of discipline and have had at least three years of sobriety will be referred to a Diversion Evaluation Committee (DEC) for evaluation. If the DEC recommends, and the Program Administrator agrees, that the individual has been in compliance, the individual will be deemed to have completed the Diversion Program and will receive a letter informing them of such. The letter also will recommend that if the participant believes he/she needs assistance to maintain his/her sobriety that he/she seek entrance into another monitoring program. [currently 60 participants in this category.]

Rationale: Pursuant to Business and Professions (B&P) Code section 2350, three years sobriety and adoption of a lifestyle which will maintain a state of sobriety is to be used to determine completion of the program. In addition, as the Diversion Program loses its staff, this will assist in keeping the caseload down for each monitor.

PROPOSED POLICY: On January 1, 2008, those individuals who are in the Program in lieu of discipline, but have less than three years sobriety, will be sent a letter stating the Diversion Program will be inoperative as of June 30, 2008. The letter will further state that the participant must locate another program that will monitor the physician's recovery in order for the Board to honor the "diversion" provision. This other program must meet the requirements/protocols of the Board's current Diversion Program. This other program must be willing to report to the Chief of Enforcement on a regular basis and provide information as to whether or not the individual is complying and be willing to immediately notify the Board of any positive drug screening. The letter will further inform the individual that there is a "zero-tolerance" policy on positive drug screenings. Failure to enroll into another program or abstain from drugs/alcohol may subject him or her to discipline by the Board. [currently 34 participants in this category.]

Rationale: Since these participants are in the Diversion Program in lieu of discipline, the Board cannot just dissolve the contract as it will do for the self-referrals. These individuals were brought to the attention of the Enforcement Unit and must fit the criteria in B&P Code section 2350 for completion in order to avoid further action by the Board.

BOARD ORDERED (DISCIPLINARY ORDER)

PROPOSED POLICY: Upon approval the Board will not approve a stipulation that requires participation in the Diversion Program as a condition of a disciplinary order or as a condition to issuing a probationary license. Additionally, the Board will send a letter to the Director of the Office of Administrative Hearings requesting that, since the Diversion Program will become inoperable, the Administrative Law Judges (ALJ) no longer order participation in the Diversion Program as a condition of probation either for disciplinary action or for initial probationary licenses.

In lieu of a Diversion Program condition, all stipulations/ALJ decisions must contain a condition stating that the probationer must abstain from all drugs/alcohol and must submit to biological fluid testing. New language would state:

“Respondent shall immediately submit to biological fluid testing, at respondent's expense, upon request of the Board or its designee. Within 30 calendar days from the effective date of this decision respondent shall, at respondent's expense, contract with a laboratory or service - approved in advance by the Board or its designee - that will conduct random, unannounced, observed, urine testing a minimum of four times each month. The contract shall require results of the urine tests to be transmitted by the laboratory or service directly to Board or its designee within four hours of the results becoming available. Failure to maintain this laboratory or service during the period of probation is a violation of probation. A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and respondent. Failure to submit to or comply with the time frame for submitting to, or failure to complete the required biological fluid testing, is a violation of probation.”

The Board will follow up with a regulatory amendment to codify this change in the disciplinary guidelines.

Rationale: With the Diversion Program becoming inoperative on June 30, 2008 it would not be appropriate for the Board to order a condition of probation that could not be fulfilled.

PROPOSED POLICY: On July 1, 2008 the Diversion Program condition in a disciplinary order will become null and void and will no longer be considered a condition of probation. However, the individuals will be required to fully comply with the conditions in their order that state the probationer must abstain from drugs/alcohol and must submit to biological fluid testing. The individuals will be required to obtain a drug screening service that will provide testing of the participant. Any refusal to submit to testing, failure either to comply with the time frame for the test or to complete the test, or failure to abstain from drugs/alcohol will be grounds to file a petition to revoke probation.

The Board will need to create a staff position that will provide the lab chosen by the participant with random dates to perform drug screening. This staff person will use the previous Random Drug Generator Program (used by the Diversion Program) to identify random dates to test the participant. This staff person will also liaison with the collectors and laboratories to receive notification of whether the individual is complying with the testing and the outcomes of the test.

Each probationer would be notified that strict adherence to these conditions will be required and any positive drug screening may result in further discipline. Additionally, the probationer will be notified that he/she may seek any monitoring/treatment program he chooses in order to remain in compliance with his probationary order.

Rationale: Since there will no longer be a Diversion Program, this condition can no longer be enforced. Additionally, each probationer knows that a condition of his/her probation is the abstinence of drugs/alcohol.

OUT OF STATE

PROPOSED POLICY: The Board will have staff continue to liaison with the other state to ensure these individuals are in compliance with that state's program until completion. Additionally, these participants will be notified that failure to complete the other state's program as required will result in referral of this matter to the Board's Enforcement Unit.

Rationale: The Board does not currently monitor these individuals (except to be in — — — — communication with the other state) and this is a very small workload. Because the other state's programs are still operative, it would be appropriate for the Board to remain in contact with this state until the individual completes the other state's program and no further action would be necessary.

HOSPITAL REPORTING

PROPOSED POLICY: B&P Code section 821.5 imposes a requirement on peer review bodies to report specified information to the Board's Diversion Program when they initiate and complete or close an investigation into a physician's ability to practice medicine safely that is based on information indicating that the physician may be suffering from a disabling mental or physical condition that poses a threat to patient care. However, B&P Code section 2358 provides that the laws authorizing the Diversion Program will become inoperative on July 1, 2008 and will be repealed as of January 1, 2009 unless those dates are deleted or extended.

Because B&P Code section 821.5 was not repealed, peer review reporting requirements must remain. Therefore, as of July 1, 2008, peer review bodies must continue to provide the reports required by section 821.5 even if the Diversion Program ceases to exist. At that time, peer review bodies will be asked to report to the Board's Deputy Director instead of reporting to the Diversion Program. The Deputy Director will follow the steps provided in B&P Code section 821.5 for resolution of the matter.